

Name  
in  
Full

William Josephine Barnes

## CERTIFICATE OF DEATH

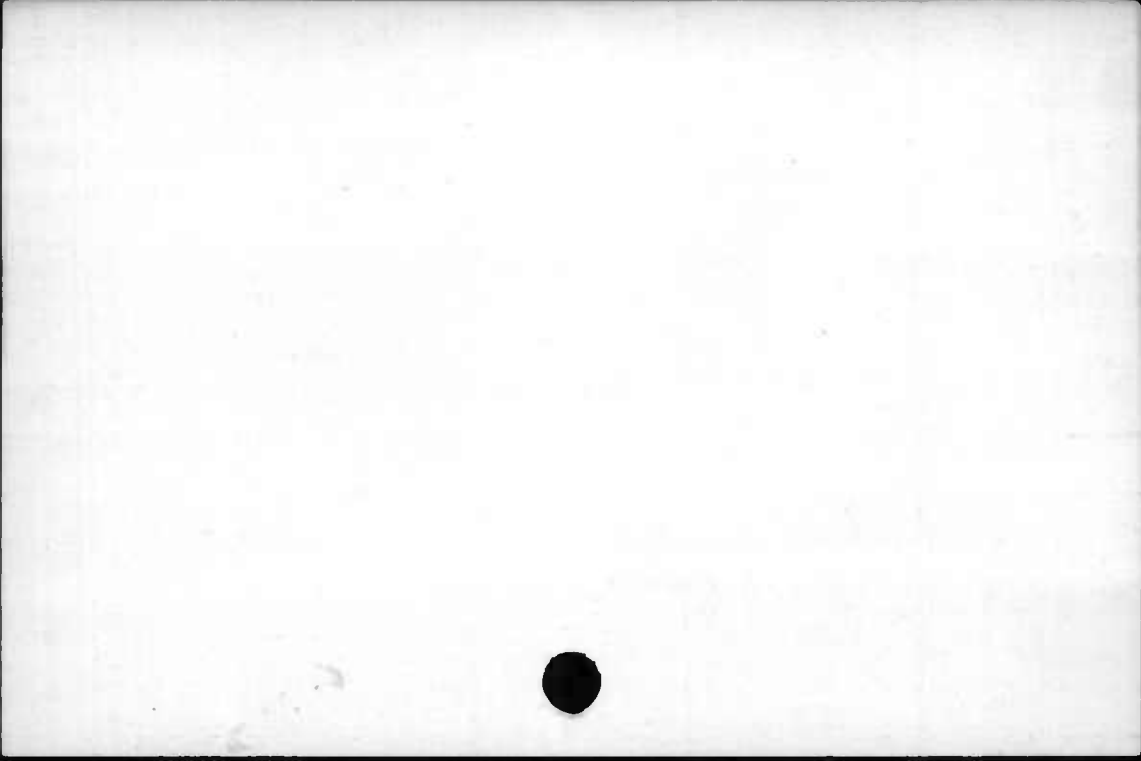
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Spring</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>0</i>	Years <i>0</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Alan Barnes</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Kathie Day</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Alan Barnes</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Syncope</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		9	22				
Sex	Color or Race	Birth-place					
Female	White	Md					
Occupation		Where Residing if not at place of death					
House Wdr							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Geo. Nelson					
Father's Name		Father's Birthplace					
Hesekiah Barber		Md					
Mother's Maiden Name		Mother's Birthplace					
Francis Williams		"					
Name of person giving information		How related to deceased					
Geo Beall		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion	How long	90	Suddenly
Immediate	Angina Pectoris	How long	do	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		L. N. Simpfers		
		Address		
		Germantown, Md.		
Accident or Suicide? <input type="checkbox"/>				

Dec 6 37.

Name  
in  
Full

Lieut Ed Jones Chiswell (C.S.A.)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dickinson</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Sept	21	Age	30
Sex	Male		Color or Race	White	
Occupation	Farmer		Birth-place	Pohaville Md	
Where Residing if not at place of death	Dickinson Md				
Married, Single or Widowed	Single		Name of Wife or Husband	Evelyn Allnutt	
Father's Name	Thomas Chiswell			Father's Birthplace	Pohaville
Mother's Maiden Name	Mary Jones			Mother's Birthplace	Dickinson
Name of person giving information	Dr R L Goto			How related to deceased	physician

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>6 years</i>
Immediate	<i>exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Richard T Goto</i>
		Address	<i>Pohaville Md</i>
Accident or Suicide?			



Name  
in  
Full

Golden Clipper

## CERTIFICATE OF DEATH

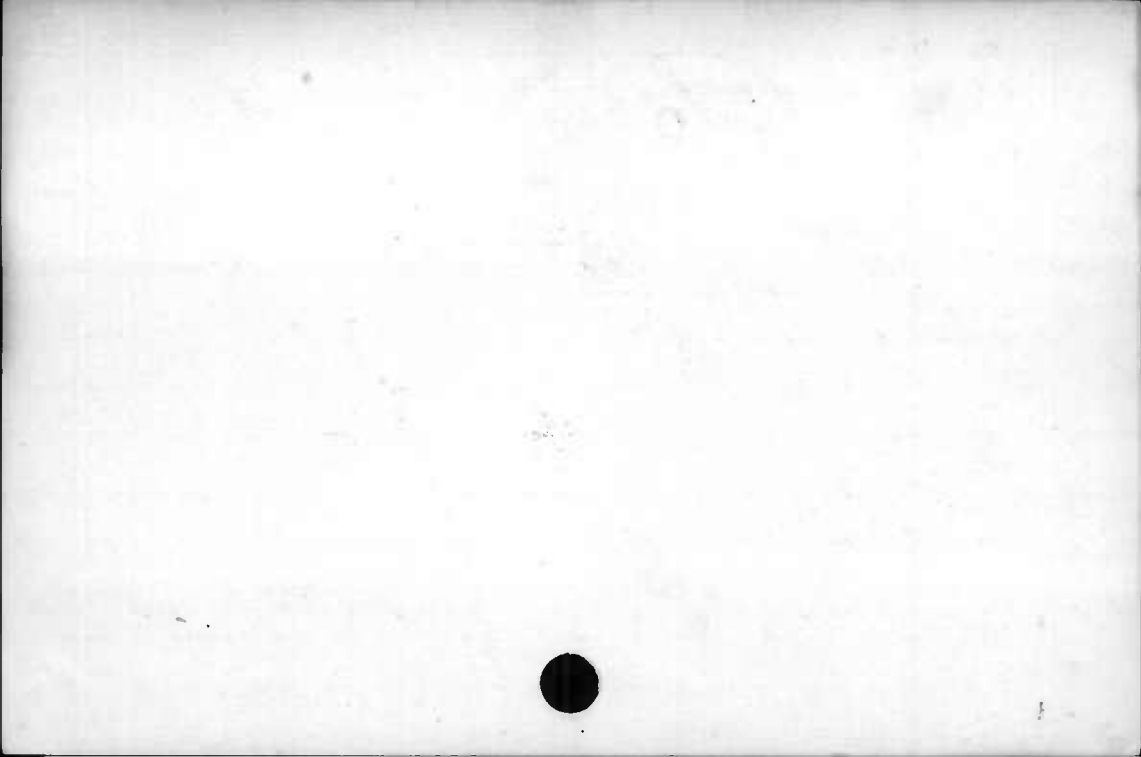
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seneca</u> <sup>Town</sup> <u>Twenty</u> <sup>County</sup>		MARYLAND	
Date of death 1906	Month <u>9</u>	Day <u>26</u>	Age Years <u>2</u> Months <u>19</u>
Sex <u>male</u>	Color or Race <u>negro</u>	Birth-place <u>Seneca Ind.</u>	
Occupation <u>                    </u>	Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>	Name of Wife or Husband <u>                    </u>		
Father's Name <u>Bozic Clipper</u>	Father's Birthplace <u>Seneca Ind</u>		
Mother's Maiden Name <u>Bella Ward</u>	Mother's Birthplace <u>Seneca Ind.</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>                    </u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute indigestion</u>	How long <u>24 hrs.</u>
Immediate <u>Coma</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. D. House M.D.</u>
	Address <u>                    </u>
Accident or Suicide? <u>                    </u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

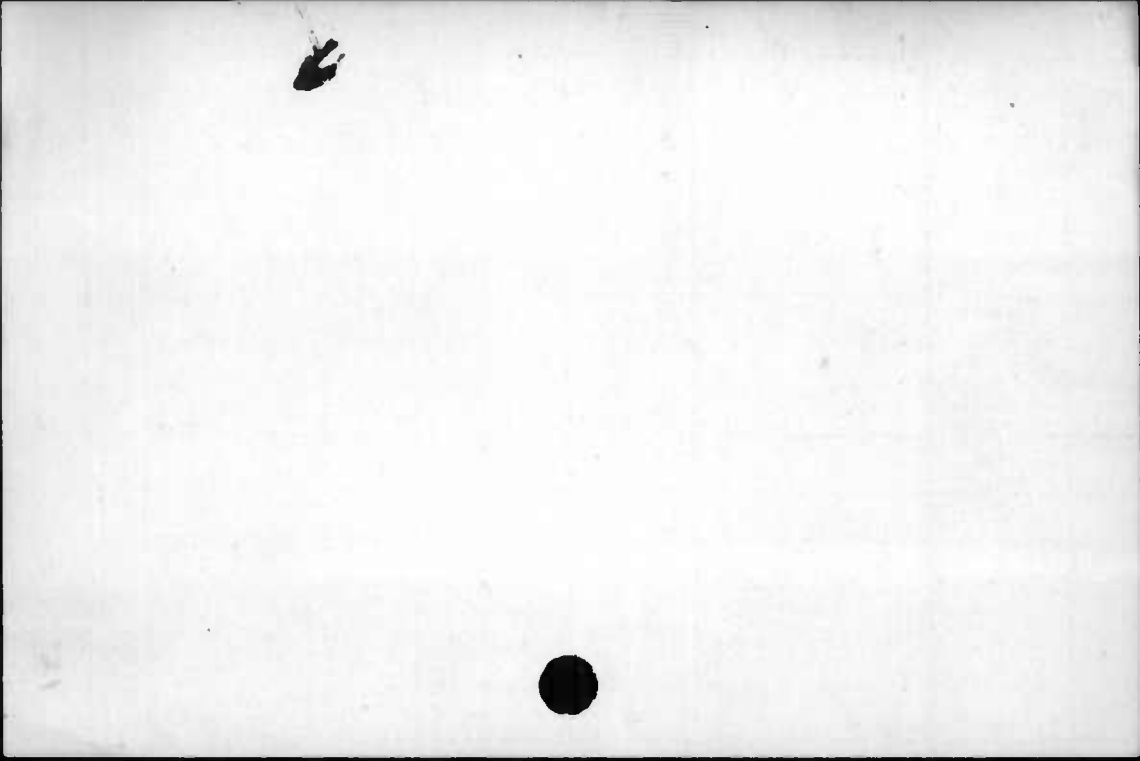
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Takoma Park</i>		Town <i>Montgomery</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>Sept.</i>	Day <i>17</i>	Age <i>64</i>	Years	Months <i>6</i>	Days <i>12</i>
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>N.Y.</i>				
Occupation <i>clerk</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Julia F. Darling</i>						
Father's Name <i>Edward Darling</i>	Father's Birthplace						
Mother's Maiden Name <i>Sophronia</i>	Mother's Birthplace						
Name of person giving information <i>A. M. Favorite</i>	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>5 minutes</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred T. Parsons</i>
	Address <i>Takoma Park, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Aldah Amelia Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Elmer TownMontgomery CountyDate of death 1906 Sept Month27 DayAge 44 Years

Months

Days

Sex femaleColor or Race negroBirthplace Polkville Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband Moses a DorseyFather's Name Richard LoganFather's Birthplace ConnecticutMother's Maiden Name Cassie GreenMother's Birthplace Polkville MdName of person giving  
Information Moses a DorseyHow related  
to deceased Husband

## CAUSES OF DEATH

Primary DiabetesHow long 8 months

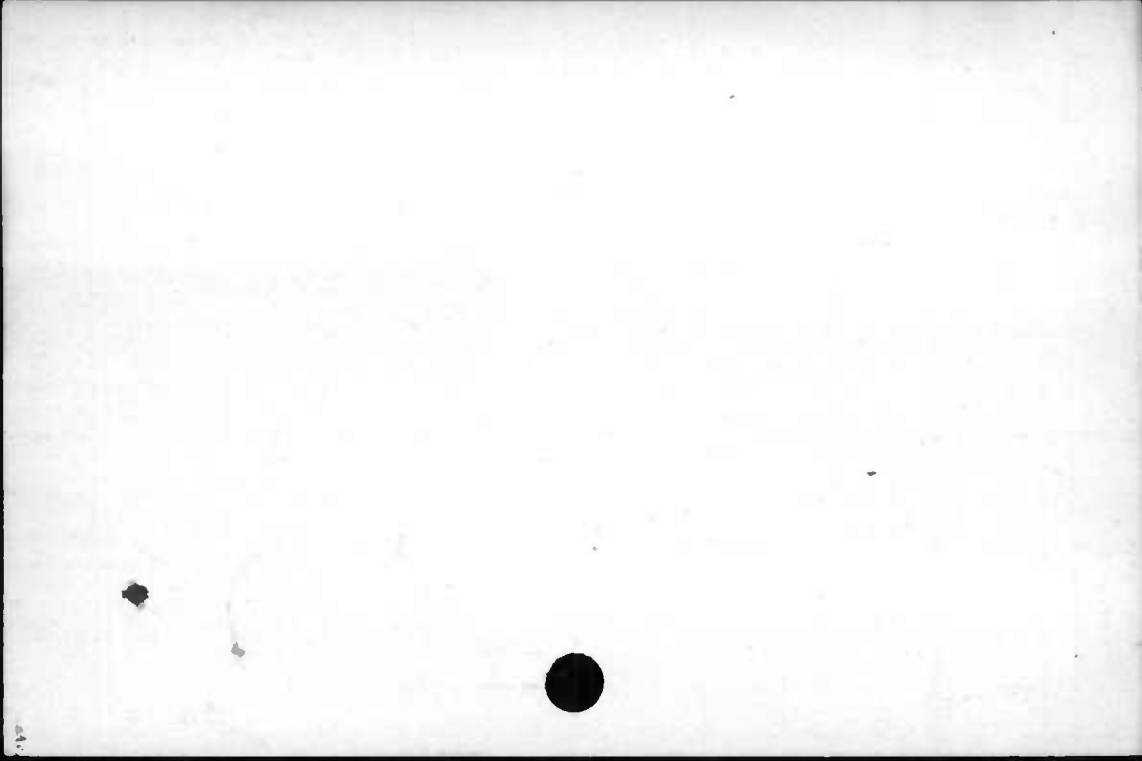
Immediate

Are the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician

Address

R. L. Lott sub reg  
Polkville  
Md

Accident or Suicide?



Name in Full		Mary Jane Hawkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Barnesville		Montgomery	
		Date of death		1906 Sept 20th		Age 84	
		Sex		Female		Color or Race	
		Occupation		Where Residing if not at place of death		Barnesville	
		Married, Single, or Widowed		Widowed		Name of Wife or Husband	
		Father's Name		William Trail		Father's Birthplace	
		Mother's Maiden Name		Abigail Hays		Mother's Birthplace	
Name of person giving information		Mrs. F. E. Tyler		How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Senile decay		How long	
		Immediate		Heart Failure		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		Barnesville		Ind	
		Accident or Suicide?					



Name  
in  
Full

Francis B. Howes

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Etchison<sup>County</sup> Montgomery

MARYLAND

Date  
of death 1906Month  
Sept.Day  
22

Age 23

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Unity

Occupation

Clerical

Where Residing  
et place of death

Etchison

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Richard T. Howes

Father's  
BirthplaceMother's  
Maiden Name

Mary Shipley

Mother's  
Birthplace

Laurel

Name of person giving  
In formation

H. C. Townsend

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Toxaemia

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

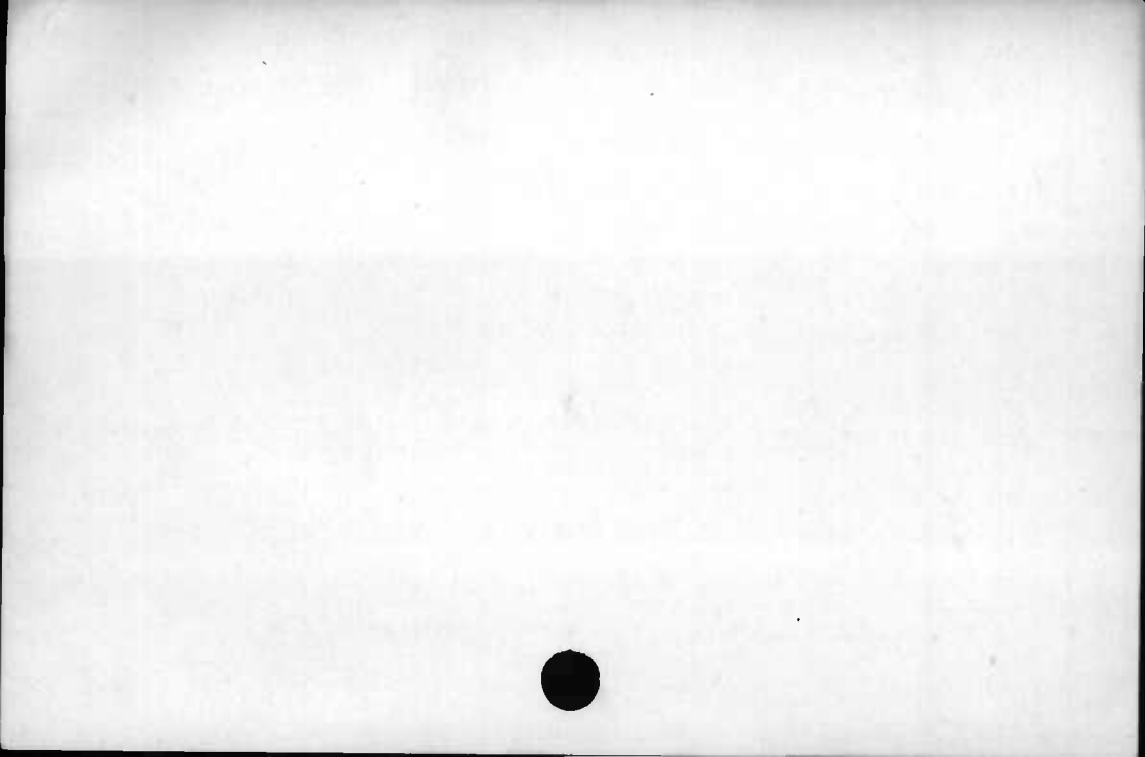
Signature of  
Physician

Address

H. B. Spurrer  
Unity

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

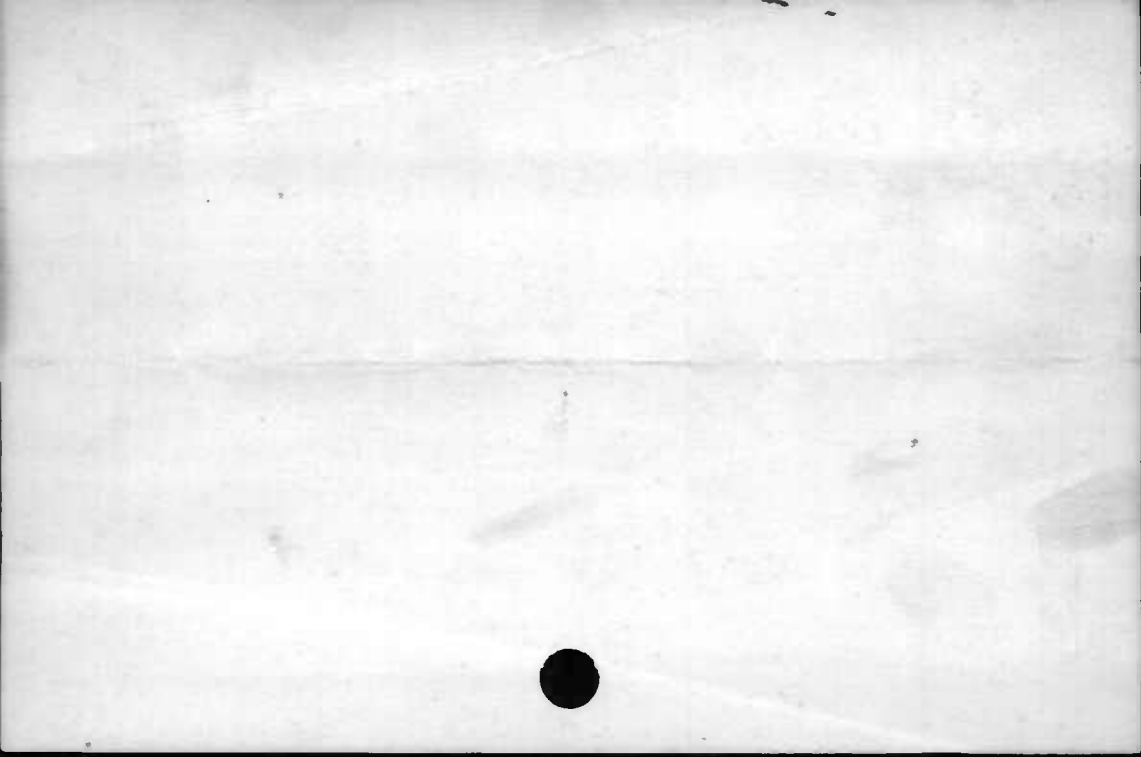
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grace Kernes</i> <i>Sanville Park</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>October</i> - <i>10</i>	Age <i>1</i> Years <i>1</i> Months <i>—</i> Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter Kernes</i>	Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Miss Amador</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Thos. Weinbrenner</i>	How related to deceased <i>Not related</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>C. B. Munchie</i>	How long <i>5 days</i>
Immediate <i>Congest. Lung</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Aug. 10, 1901</i>
	Address <i>Livingston</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Howard Franklin King

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

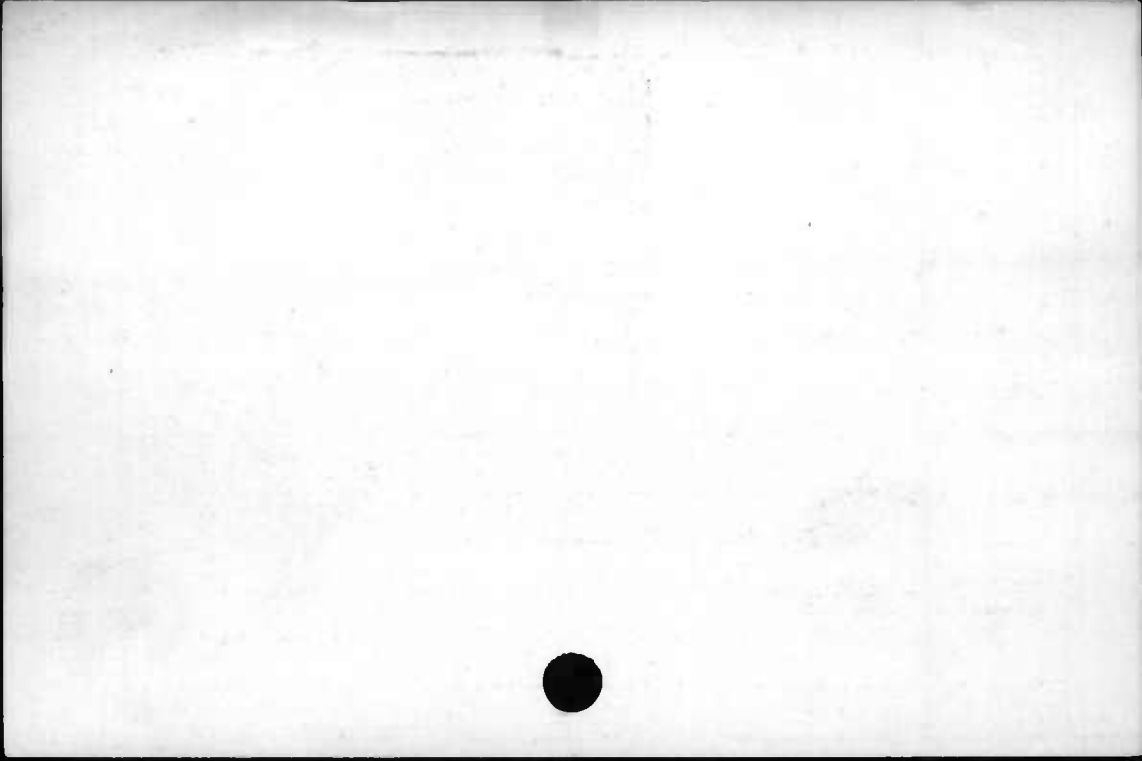
Died at <i>Laytonsville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1906	Month	Sept	Day	14	Age	Years
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Laytonsville</i>		Months	Days
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Harry C King</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Ida Bright</i>		Mother's Birthplace <i>Montgomery Co</i>					
Name of person giving information <i>Harry C King</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

1105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Two weeks</i>
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Dyson M.D.</i>	
Y20		Address <i>Laytonsville Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

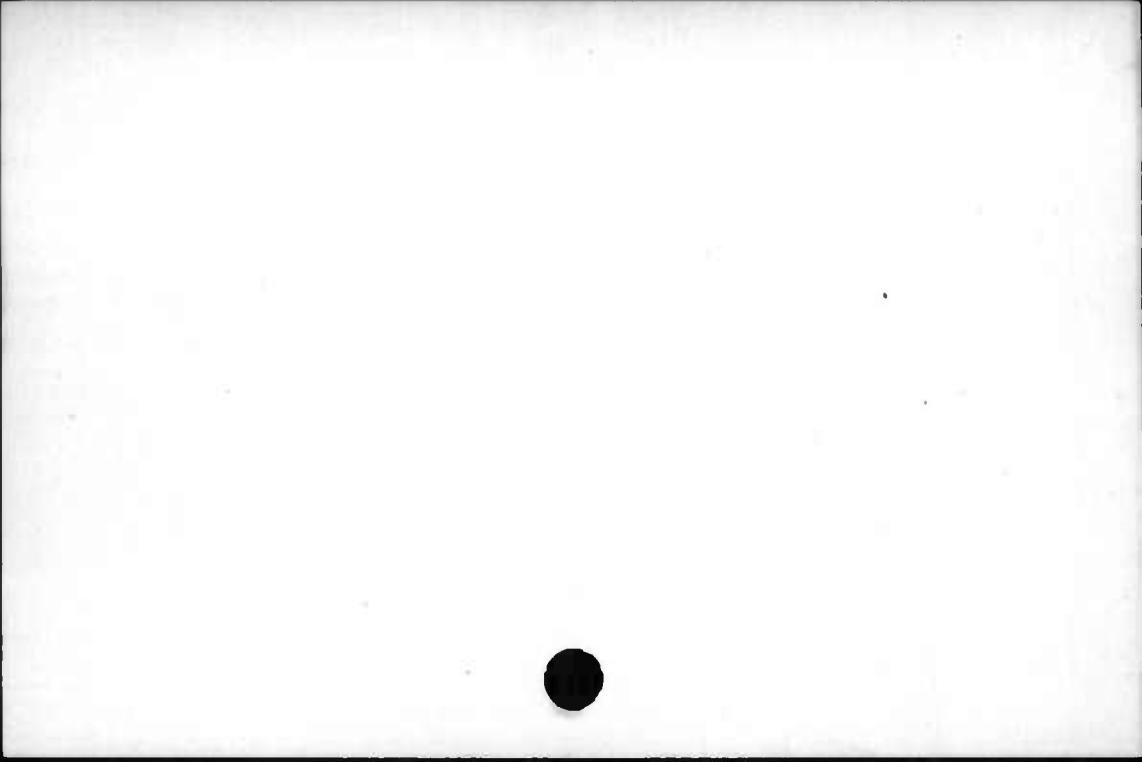
MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1906		Sept.	27	Age	—	6
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	None			Where Residing if not at place of death	Same	
Married, Single or Widowed	Single			Name of Wife or Husband	—	
Father's Name	Lake Knight			Father's Birthplace	Md	
Mother's Maiden Name	Lucinda Garrison			Mother's Birthplace	Md	
Name of person giving information	Dore Knight			How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cataract of fundus	How long	2 days
Immediate	Uremia	How long	by day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. J. Jones
		Address	Washington
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

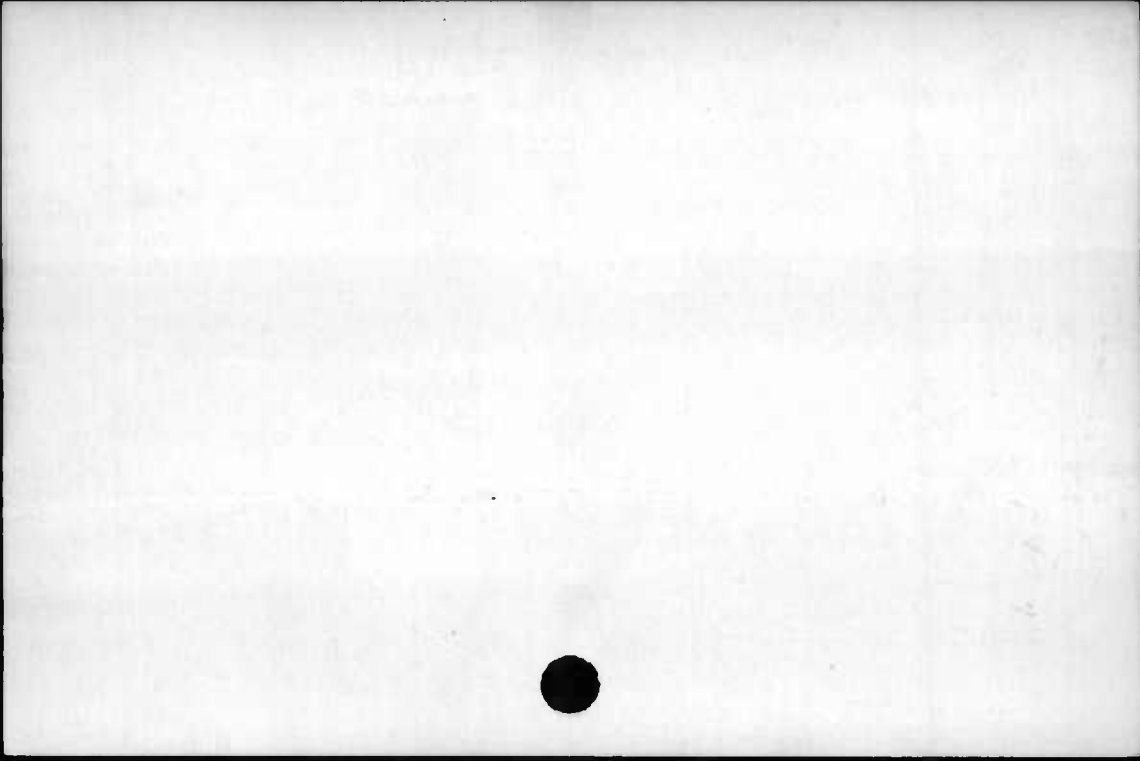
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth Blair Lee</i>		Town <i>Silver Spring</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Silver Spring</i>		Month <i>Sept.</i>		Day <i>13</i>		Years <i>88</i>	
Date of death <i>1906 Sept. 13</i>		Age <i>88</i>		Months <i>3</i>		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Frankford Ky</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Danville Phillips Lee</i>					
Father's Name <i>Montgomery Blair</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Elizabeth Blair</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Blair Lee</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Asthma</i>	How long <i>19 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred J. Parsons</i>
	Address <i>Takoma Park, D.C.</i>
Accident or Suicide?	





Name  
in  
Full

Charles Hamilton Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bestusda</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>7</i>	Age <i>66</i> <sup>Years</sup>	Months <i>11</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Married</i>		Name of <del>Wife</del> or Husband <i>Lydia Elizabeth Matthews</i>			
Father's Name <i>Wm Matthews</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Sarah Matthews</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Lydia E. Matthews</i>			How related to deceased <i>wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Bladder</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis, M.D.</i>
	Address <i>Bestusda, Ind.</i>
Accident or Suicide?	



Name  
In  
Full

Flora Keishling Miles

CERTIFICATE OF DEATH

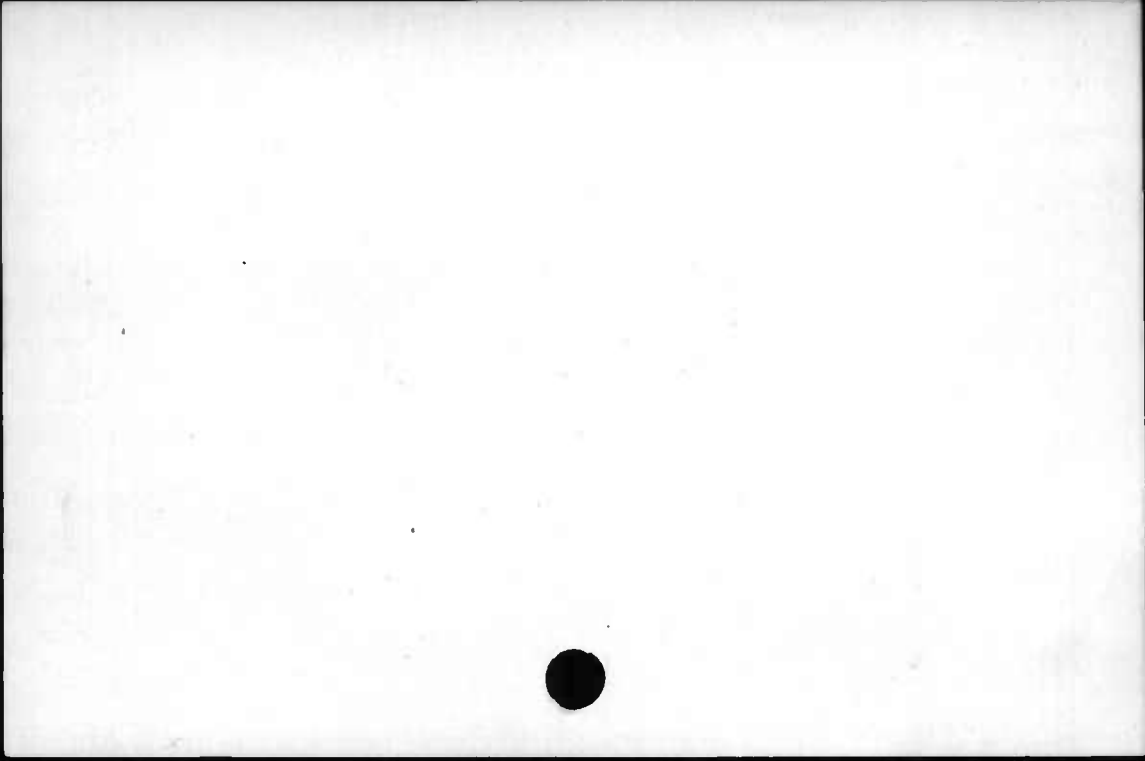
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Phoson</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Sept	Day	28
Age		Years		Months	
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death		None	
Married, Single or Widowed		Name of Wife or Husband		None	
Father's Name		Father's Birthplace		Md	
Mother's Maiden Name		Mother's Birthplace		Md	
Name of person giving information		How related to deceased		J. H. T.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Meningitis</u>	How long	<u>Two days</u>
Immediate	<u>Meningeal Connexion</u>	How long	<u>One day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>Dr. J. H. Jones</u>	
Address		<u>Phoson, Md</u>	
Accident or Suicide?		No	



Name  
in  
Full

Chas Plummer

CERTIFICATE OF DEATH

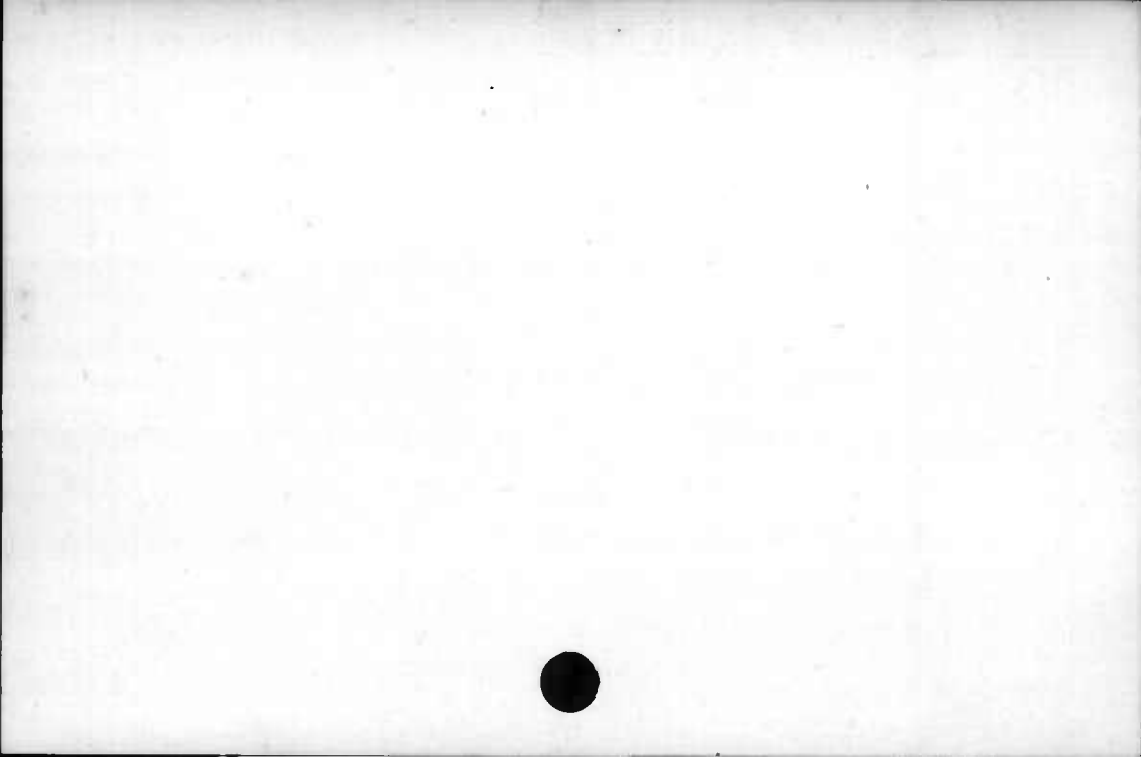
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		9	5	1	6	—	
Sex		Color or Race		Birth-place			
Male		Negro		—			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Helen Plummer				Md. - Montg Co			
Mother's Maiden Name				Mother's Birthplace			
Cora Jenkins				Md. - Montg Co			
Name of person giving information				How related to deceased			
Physician				—			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic enteritis	How long	3 mo.
Immediate	Asphyxia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. D. House M.D.	
		Address	
		Pawsonville Md	
Accident or Suicide?			
Parents buried this child			



Name  
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Full

Matilda Reading

CERTIFICATE OF DEATH

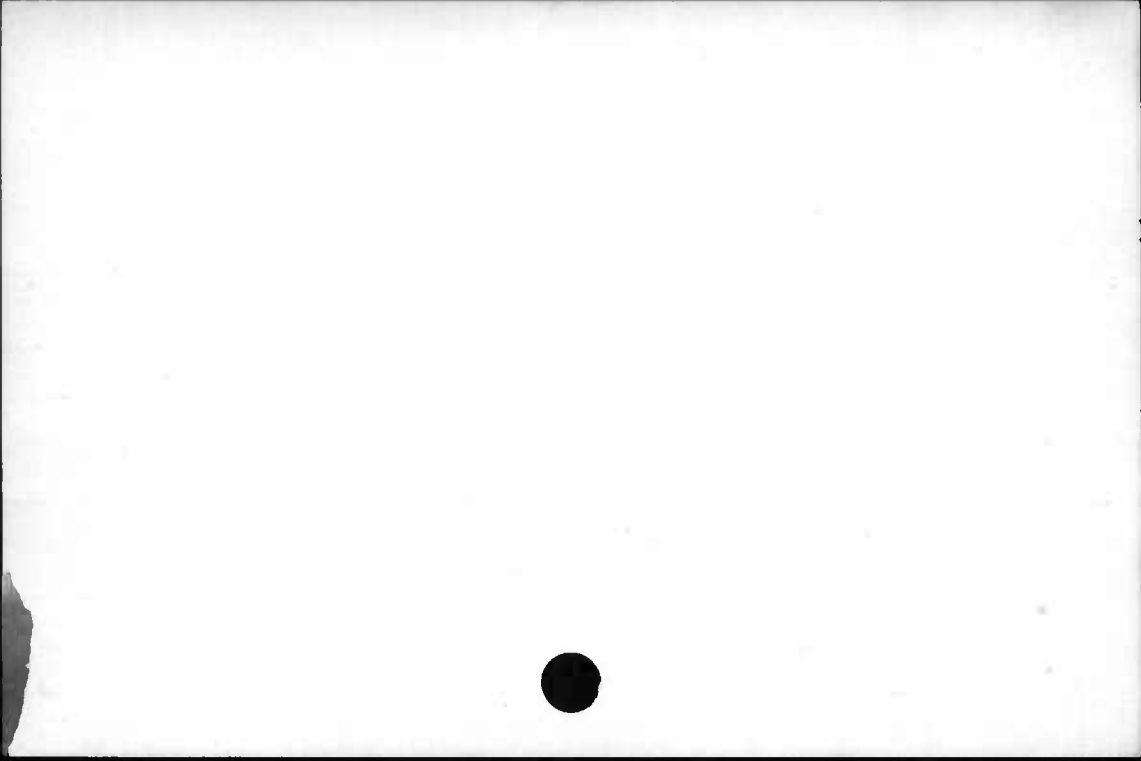
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roadville</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>6</u>	Month	<u>9</u>	Day	<u>9</u>
Age		<u>50</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Married, Single or Widowed		<u>Single</u>		Occupation	
				<u>None</u>	
Name of Wife or Husband					
<u>X</u>					
Father's Name			<u>Wm Reading</u>		
Father's Birthplace			<u>—</u>		
Mother's Maiden Name			<u>J</u>		
Mother's Birthplace			<u>I</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>64</u>
Immediate		How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>J. M. Buchanan</u>	
		Address	
		<u>Roadville Ind</u>	
Accident or Suicide?			





Name  
in  
Full

Allen Reed

## CERTIFICATE OF DEATH

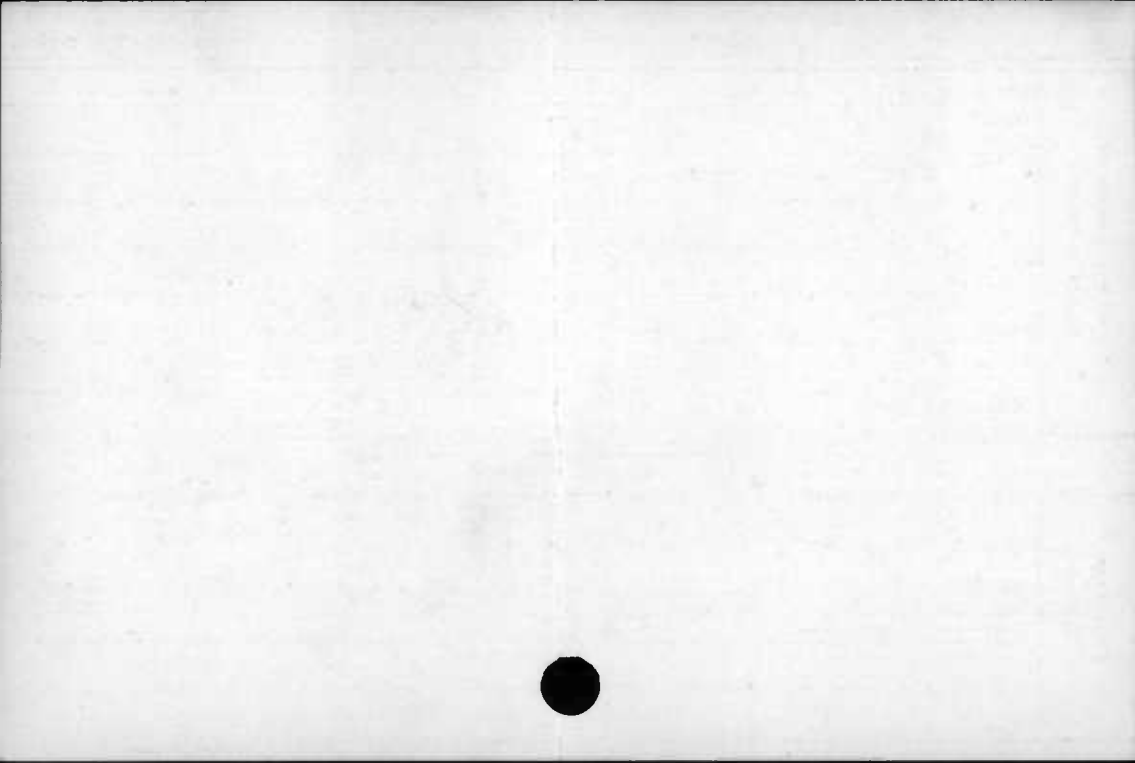
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leominster</i>		Town		<i>Montg</i>		County	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>14</i>		Years <i>69</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>0</i>	
Occupation <i>Black-Smith</i>		Where Residing if not at place of death		Days <i>0</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Reed</i>					
Father's Name <i>Allen Reed</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Sarah Gardner</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Susan Reed</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>About 1 yr</i>
Immediate <i>Leoma</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes.</i>	Address <i>Silver Spring</i>
Accident or Suicide?	



Name  
in  
Full

William C. Riggs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Norbeck</i>		Town <i>Montgomery</i>		County		MARYLAND		
Date of death <i>1906</i>	Month <i>9</i>	Day <i>25</i>	Age <i>68</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Farmer</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catharine Riggs</i>						
Father's Name <i>Remus Riggs</i>			Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catharine Adams</i>			Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Samuel Riggs</i>			How related to deceased <i>Cousin</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fractured Skull</i>	How long <i>Instant death</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ernest Simms

9/15/19

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

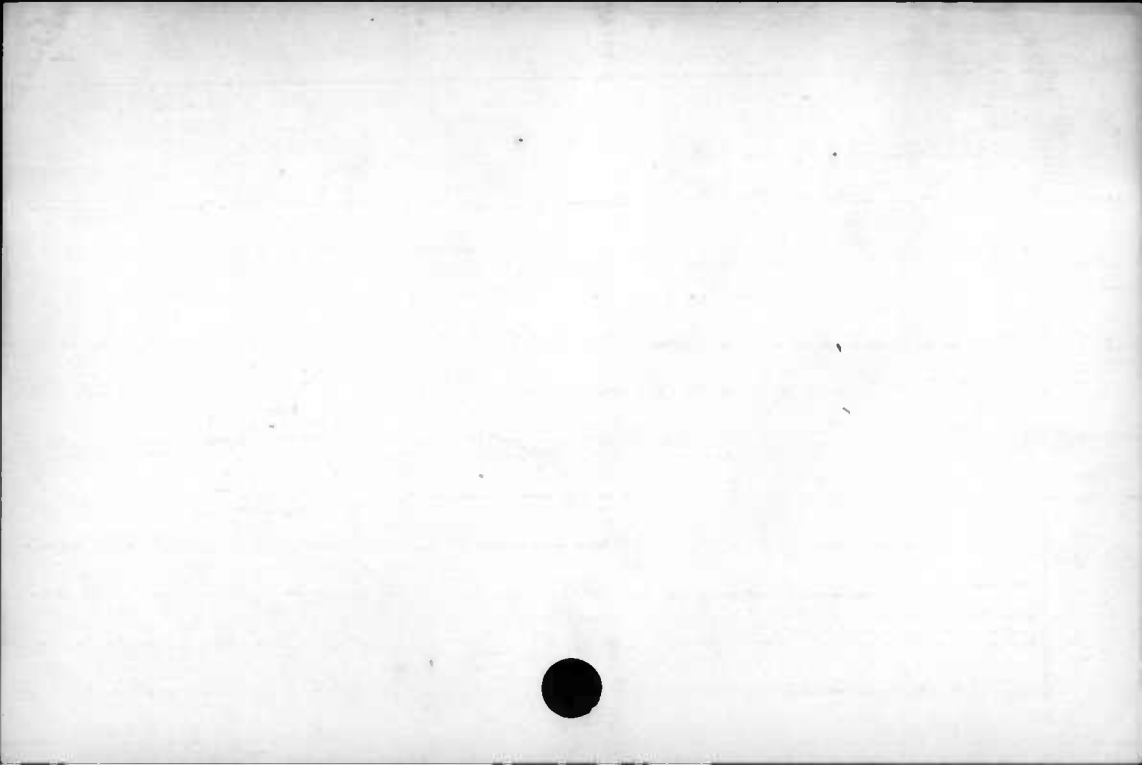
Died at		Town Barnesville		County Montgomery		MARYLAND	
Date of death		Month 9	Day 15	Age 22		Years 2	Months 0
Sex Male		Color or Race Black		Birth-place Barnesville Md			
Occupation Farm Laborer				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Hillary Semms				Father's Birthplace Montgomery Co			
Mother's Maiden Name Eliza Buffin				Mother's Birthplace Montgomery Co			
Name of person giving information J H Stonestreet				How related to deceased Physician			

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Gun shot wound of head	How long	—
Immediate	Hemorrhage & laceration Brain	How long	Seven hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J H Stonestreet	
Address		Barnesville Md	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

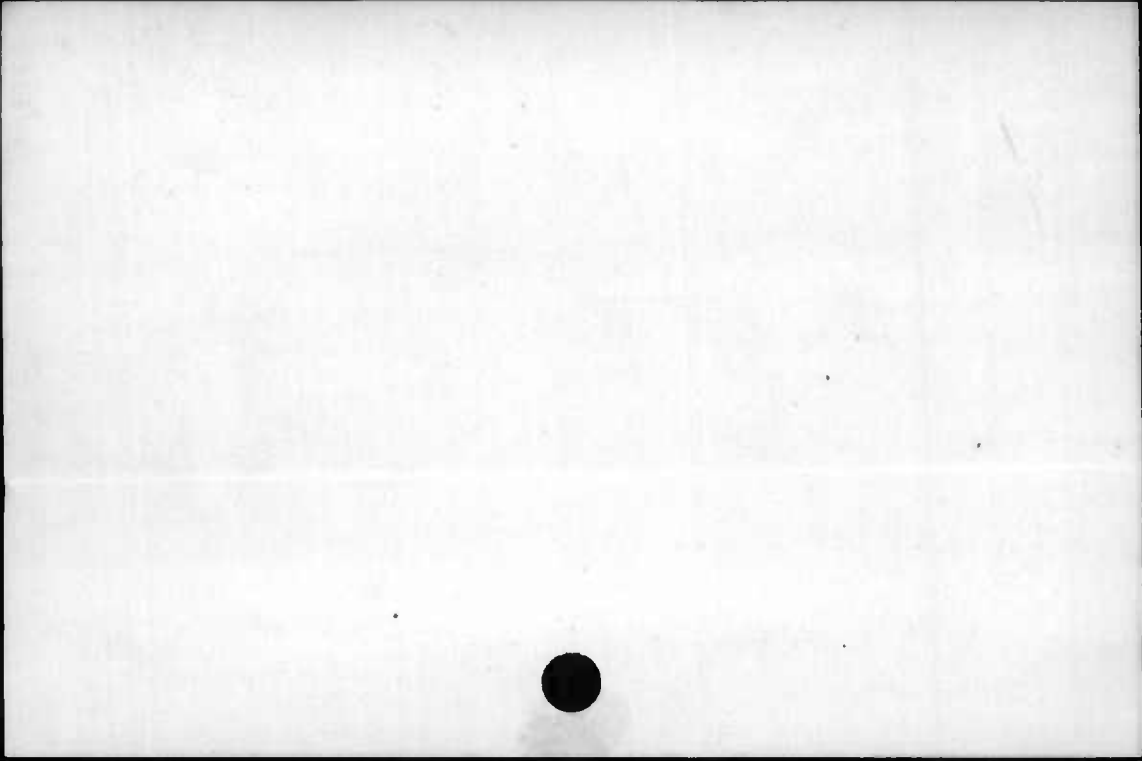
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spencer</i> Town <i>Spencerville</i> County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i> Month <i>Sept</i> Day <i>20</i> Age <i>68</i> Years Months Days	Sex <i>male</i>	Color or Race <i>Black</i>	Birth place <i>St Maries Co Md</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Arie Lynns</i>		
Father's Name <i>Tom Lynns</i>	Mother's Birthplace <i>St Maries Co Md</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person living in household <i>Pr. &amp; Canty</i>	How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 or 4 weeks</i>
Immediate <i>sunstroke</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Dutton</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name <u>John Snyder</u>		Town <u>German</u>		County <u>Montg</u>	
Died at <u>German</u>					
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>21</u>	Age <u>26</u>	Months <u>18</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birthplace <u>German</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or Husband <u>Estelle Snyder</u>				
Father's Name <u>Jacob Snyder</u>	Father's Birthplace <u>German</u>		Mother's Birthplace <u>Frederick Co Md.</u>		
Mother's Maiden Name <u>— (I do not know)</u>	Name of person giving information <u>Physician</u>		How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>21 da.</u>
Immediate <u>Typhoid</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>H. B. House M.D.</u>
	Address <u>Dawsonville Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Alvin Cornelius Watkins

Died at <sup>Town</sup> Rockville <sup>County</sup> Montgomery MARYLAND

Date 1906 <sup>Month</sup> Sept. <sup>Day</sup> 19, Age <sup>Y.</sup> 0 <sup>M.</sup> 3 <sup>D.</sup> 12 <sup>Native of</sup> Rockville, Md. <sup>Occupation</sup> none

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Single ☐ Widowed ☐ Number of children living ☐

Husband of ☒ Wife ☐

Father's Name Harvey C. Watkins Mother's Name Grace Diffenderffer

Cause of Death { Primary Athrepsia Infarction How long sick 1 month  
Immediate Exhaustion from disease ~~Accident, Suicide, Homicide~~

Reported by George E. Lewis, M.D.  
Address Rockville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Levi L. Watkins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Gaithersburg		County		Montg.	
	Date of death		1906		Month		Sept-	
			Day		4		Age	
			Years		67		Months	
			6		Days		16	
	Sex		Male		Color or Race		White	
	Birth-place		Md.		Occupation		Farmer	
		Where Residing if not at place of death				—		
Married, Single or Widowed		Married		Name of Wife or Husband		Elisabeth Watkins		
Father's Name		Alphius Watkins		Father's Birthplace		Md		
Mother's Maiden Name		— Lewis		Mother's Birthplace		Md		
Name of person giving information		Cleveland Watkins		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Ansemial Poisoning		How long		7 hrs	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. B. Haddock	
	Address		Gaithersburg, Md		Filed		1906	
		or Suicide?						

